

**APPLICATION FOR ONGOING CASE MANAGEMENT AND SAFETY SERVICES
RFP#1519-BMCW-SM**

Agency Name: _____

Proposal Title: _____

Vendors are required to number all pages and to organize their application according to the following format. This form serves as a checklist of application contents and facilitates application evaluation. This form must be completed and included as the second page of the application.

I	Agency Information Cover Sheet Form 3261 (Attachment H3)	Page 1
II	Outline and Table of Contents (Attachment H2)	Page 2
III	Narrative for Child Welfare Experience	Page
IV	Narrative for Organizational Capacity & Attachments	Page
V	Designation of Confidential and Proprietary Information Form, DOA-3027 (Attachment H4)	Page
VI	Vendor Reference Form, DOA-3478 (Attachment H5)	Page
VII	Geographic Territory Designation (Attachment H6)	Page
VIII	Agreement or memorandum of Understanding and other required information for consortiums from the Who May apply Section 1.1 of this RFP, if applicable.	Page